

FILED DEC 11 1944
28

State File No. _____

Registration District No. _____

Primary Registration District No. 5465

Registrar's No. 918

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Rural, N. Campbell Twp. # 6
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HIGHWAY and R.R. CROSSING
(If not in hospital or institution, write street name and location)
Route # 6 Hospital or institution _____
In this community _____
years, months or days 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 1812 N. MAIN AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLLIE MAE CRANE

3. (b) If veteran, name war NONE 3. (c) Social Security No. 481-03-4378

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, divorced MARRIED

6. (b) Name of husband or wife LEONARD K. CRANE 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 25, 1906
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace unk. MO. U.S.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business at Home

12. Name Cord Hughes

13. Birthplace unk. Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Marion Moore

15. Birthplace unk. Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard K. Crane

(b) Address Springfield, Mo.

17. (a) burial (b) Date thereof Nov. 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roberson Prairie

18. (a) Signature of funeral director J. W. Ingner

(b) Address Springfield, Mo.

19. (a) 11-25-44 (b) J. W. Ingner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 at
year 1944 hour 4 minute 22 P. M.

21. I hereby certify that I attended the deceased from no physician or attendance 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Railway crossing accident

Due to Car derailed in front of train

Due to Crushing injury of head + trunk

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1100 10

Of operations 83

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 139

(b) Date of occurrence Nov. 21, 1944

(c) Where did injury occur? Greene, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Grade crossing, Public road

While at work? No (Specify type of place)

(e) Means of injury R.R. Train

23. Signature J. W. Ingner (M. D. or other) _____

Address Springfield, Mo. Date signed 11-22-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

REC 12 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. B. Klinger
Licensed Embalmer No. 3358
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X